Wisconsin Department of Regulation & Licensing Mail To: P.O. Box 8935 Madison, WI 53708-8935 Madison, WI 53708-8935 Madison, WI 53703

(608) 261-7083 **(608) 266-2112** FAX #: Phone #:

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR PROFESSIONAL BOXING CLUB LICENSE

		cant), a corporation organized under the laws of		
(Na	me of Club)	, (11	,, 1	·
Wisconsin and located at:				
		(Address of Club)		
hereby applies for a licen verifies that:	se as a boxing	club under Chapter 444,	Stats. In support of	of this application, applicant
(1) Club membership i	s limited to per	sons who have been conti	nuous residents in	Wisconsin at least one year.
(Note: If this ap	plication is for proof that the	or initial licensure, the c	elub must submit	nt of Financial Institutions. a copy of the Articles of iled the articles pursuant to
				f the club. (Note: Also list pace is needed, continue on
NAME		ADDRESS		TITLE
I swear under penalty of above-named corporati provided on this appli knowledge and belief.	on and that	t the information	For Re	ceipting Use Only
Name of Corporation				
Signature of Corporate Of	fficer			
Date	Daytime Tel	ephone Number		
#143 (Rev. 1/06) Ch. 444, Stats.				

Committed to Equal Opportunity in Employment and Licensing